FUND OFFICE COPY

MONTHLY REPORT OF PAYMENTS TO CEMENT MASONS' UNION, LOCAL 502, SAVINGS FUND, WELFARE, PENSION AND APPRENTICE EDUCATIONAL & TRAINING TRUST FUNDS

ACCOUNT NO.

FOR OFFICE USE ONLY

P.O. BOX 71650

CHICAGO, IL 60694-1650

PHONE: 708-544-9107 EXT. 218 & 225

FAX: 708-544-9130

PLEASE CHECK HERE

- ☐ FINAL report
- ☐ Send more forms
- ☐ Change of address
- ☐ Change in name
- ☐ No work this month

FIRM NAME

ADDRESS

CITY

BUS. PHONE & AREA CODE

433

URGENT: AN EMPLOYER MUST FILE THIS REPORT EVEN THOUGH NO CEMENT MASONS WERE EMPLOYED. IF NO CEMENT MASONS WERE EMPLOYED DURING THE MONTH, CHECK HERE →

HOURS WORKED DURING THE MONTH OF

REPORT DUE 15th OF MONTH. LATE REPORTS SUBJECT TO MINIMUM OF 15% LIQUIDATED DAMAGES

COLUMN 1 SOCIAL SECURITY NUMBER	COL. 2 NAME OF EMPLOYEE		COL. 3 REGULAR HOURS	COL. 4 SATURDAY HOURS	COL.5 DOUBLE TIME HOURS	COL. 6 TOTAL HOURS
	LAST NAME	FIRST NAME				

EMPLOYER'S WARRANTY AND ACCEPTANCE: The undersigned employer hereby warrants that this report accurately states all hours worked by all Journeymen and Apprentices in its employ. In addition, the employer hereby agrees to be bound to the terms of the current collective bargaining agreement executed between the Cement Masons' Local 502, the Builders Association of Chicago, and the Concrete Contractors Association of Chicago and the Illinois Road Builders Association of Chicago. Further, the undersigned hereby expressly accepts and agrees to be bound by the trust agreements governing Cook County Cement Masons' Welfare, Pension, Savings and Apprentice Trust Funds, et al., and accepts all of the terms thereof with the intention of providing benefits to its Cement Masons.

SIGNATURE OF OWNER-PARTNER-OFFICER

DO NOT USE THE SPACE BELOW

RECEIVED DATE

43.36	TOTAL HRS. WORKED (COL. 6)	$
6.50	DOUBLE TIME HRS. WORKED (COL. 5)	$
3.25	SATURDAY HRS. WORKED (COL. 4)	$
	ADJUSTMENTS	$
	TOTAL AMOUNT DUE	$

MAKE ONE CHECK PAYABLE TO:
CEMENT MASONS' LOCAL 502 FRINGE BENEFITS FUNDS.

rev: Mar 2018

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- [ ] No work this month

FIRM NAME 1st & 2nd YEAR APPRENTICE

ADDRESS

CITY

BUS. PHONE & AREA CODE

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HOURS WORKED DURING THE MONTH OF

PLEASE NOTE NEW RATES EFFECTIVE

REPORT DUE TO THE MONTH LATE REPORTS INCLUDE 10 PAYMENT OF 15% INDICATED DAMAGES

COLUMN 1 SOCIAL SECURITY NUMBER	COL. 2 NAME OF EMPLOYEE		COL. 3 REGULAR HOURS	COL. 4 SATURDAY HOURS	COL. 5 DOUBLE TIME HOURS	COL. 6 TOTAL HOURS
	LAST NAME	FIRST NAME				

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SIGNATURE OF OWNER-PARTNER-OFFICER

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RECEIVED DATE

38.36	TOTAL HRS. WORKED (COL. 6)	$
1.50	DOUBLE TIME HRS. WORKED (COL. 5)	$
.75	SATURDAY HRS. WORKED (COL. 4)	$
	ADJUSTMENTS	$
	TOTAL AMOUNT DUE	$

MAKE ONE CHECK PAYABLE TO:
CEMENT MASONS' LOCAL 502 FRINGE BENEFITS FUNDS.

rev: Mar 2018